

FILED DEC 1 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38800

State File No. 10201

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 10201

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10201	
1. PLACE OF DEATH a. COUNTY -----				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY St. Clair			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place) 4 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Belleville		8120	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3500 S. Compton				d. STREET ADDRESS (If rural, give location) 13 So. 16th Y			
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) c. (Last) Burkhard			4. DATE OF DEATH (Month) (Day) (Year) Nov 15, 1951				
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, NEVER MARRIED	8. DATE OF BIRTH 11-21-1869	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME David Burkhard		13b. MOTHER'S MAIDEN NAME Crescence Voegtle		14. NAME OF HUSBAND OR WIFE -----			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME 3500 S. Compton St. Louis, Mo. <i>Joseph J. Burkhard</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>subarachnoid hemorrhage</i>				DUE TO (b) <i>Hypertension</i>			10 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <i>Hemiplegia left side</i>			6 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<i>Arteriosclerotic heart disease</i>			10 days
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR? <i>H200</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <i>Nov 28 1947</i> , to <i>Nov 15, 1951</i> , that I last saw the deceased alive on <i>Nov 14, 1951</i> , and that death occurred at <i>6:15 A.M.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>J.P. Keim M.D.</i> (Degree or title)				23b. ADDRESS <i>2730 McNAIR AVE</i>		23c. DATE SIGNED <i>Nov 16 51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24b. DATE <i>11-10-51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Green Mount</i>		24d. LOCATION (City, town, or county) (State) <i>Belleville, Ill.</i>	
DATE REC'D BY LOCAL REG. NOV 16 1951		REGISTRAR'S SIGNATURE <i>Carl Smith</i>		25. GENERAL DIRECTOR'S SIGNATURE <i>Robertson Belleville, Ill.</i> ADDRESS			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by not embalmed Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student .....  
Student Embalmer

Signed Geo. Reuner  
Licensed Embalmer No. 2314  
P. O. Address Belleville Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.